

Sappi Building 2nd & 3rd Floor, East Wing, 48 Ameshoff Street Braamfontein 2001
Tel Office 010 288 2800 / Calf centre: 087 980 0058
Email: complaints@joburgombudsman.org.za /
info@joburgombudsman.org.za

Annexure B

Minimum Requirements and supporting documents:

- 1. Complaint Form,
- 2. And Copy Of ID (of the complainant who is the registered property owner),
- 3. And Power of Attorney, (if complainant is a representative and NOT the property owner),
- 4. And Utility Bills / Statements,
- 5. And any correspondence between yourself and the referred city department in resolving the matter. (Reference numbers, officials names, etc.)

Important:

- Questions 1 to 9, AND 15 are mandatory. Where a section is not applicable or the answer is "info not available", you are to clearly indicate as such.
- Forms with blank sections will be considered to be incomplete, and not accepted by the office of the Ombudsman.





Sappi Building 2nd & 3rd Floor East Wing 48 Ameshoff Street Braamfontein 2001

Tel: +27 (0) 10 288 2800

www.joburgombudsman.org.za

COMPLAINTS FORM

	FOR OFFICE	USE ONLY
	File number:	
	Date received	l:
COMP	LAINANT'S DETAILS:	
1	Title:	
1	Name:	
2	Surname:	
3	ID / Passport number:	(Mandatory)
4	Physical address:	(Mandatory)
_		
5		
6	Postal address:	
7	Postal Code:	
8	Home telephone	()





Sappi Building 2nd & 3rd Floor East Wing 48 Ameshoff Street Braamfontein 2001

Tel: +27 (0) 10 288 2800

www.joburgombudsman.org.za

	number:		
9	Work telephone number:	()	
10	Email address:		
11	Cell phone number:		
12	Fax number:	()N/A	
13	What is your preferred method of contact?		
14	Any other contact number that you would like us to call you on:	To add	
THE COI	MPLAINT:		
15	Which Department, Unit	or Entity is involved?	
16	Where did the incident of	occur?	Region: Ward:
17	CoJ Account Number		
	1	-	
18	How would you like the of this matter?	Ombudsman to resolve	
19	Have you contacted the customer relations contactonnect, to resolve your provide the date and reference.	ct centre, known as Care complaint? If yes, please	YES / NO (Mandatory)
20	Is this your first interaction	on with our office?	YES / NO





Sappi Building 2nd & 3nd Floor East Wing 48 Ameshoff Street Braamfontein 2001

Tel: +27 (0) 10 288 2800

www.joburgombudsman.org.za

21	If no, please state the reference number?	REF:
22	Please tell us how you heard about the Office of the Ombudsman?	
	(e.g. radio, newspaper, Poster, friend)	
(If you n	pace below please provide the details of your Content of the content of the pace of a separate piece of lso attach copies of any relevant correspondent	paper and attach it to this Complaints Form.





Sappi Building 2nd & 3rd Floor East Wing 48 Ameshoff Street Braamfontein 2001

Tel: +27 (0) 10 288 2800

www.joburgombudsman.org.za

	City of Jonannessurg	Ann
,		





Sappi Building 2nd & 3rd Floor East Wing 48 Ameshoff Street Braamfontein 2001

Tel: +27 (0) 10 288 2800

www.joburgombudsman.org.za

warrant that all the informatior Office of the Ombudsman may p vith this Complaint.	provided is, to the best of my knowledge, true and correct and I agree that the ovide any of this information to any relevant person for the purposes of dealing

Thank you for completing this Form. We will respond as soon as possible. We will provide you with a case number which you should use in follow-up communication.

For information on how the Office handles your personal information, please refer to its Privacy Statement, available at www.joburgombudsman.org.za